

AMENDMENTS TO THE SPECIFICATION:

Please delete the paragraph appearing on page 12, lines 10-29, and replace it with the following paragraph:

A longitudinal joint 38 is depicted on the sheath 32 running from a proximal end 34 of the sheath to a location proximal to the distal end 40 of the sheath. The longitudinal joint 38 may be either resealable, or include a longitudinal slit that is non-resealable. The longitudinal joint can have depth that extends from an external surface of the sheath to the surface of the internal lumen as is shown, for example, in FIGS. 3a-3f, 4b and 9c. In one embodiment, the distal end 42 of the longitudinal joint 38 is about 20 to 40 cm proximal to the distal end 40 of the sheath 32 (FIG. 2a). In another embodiment, the resealable longitudinal joint 38 extends to the distal end 40 of the sheath 32 (see FIG. 2b). The proximal end 34 of the sheath 32 is depicted coupled to a distal portion of a handle, such as a rotatable hemostatic valve 44, via a device, such as a split male Luer lock fitting 46 or other devices well known in the art. The rotatable hemostatic valve 44 allows the guide wire 30 to be placed within an internal lumen (not shown) of the Luer lock fitting 46 while preventing backflow of blood therethrough. A sheath removal ring 48 is depicted distally adjacent the Luer lock fitting 46. The purpose of the longitudinal joint 38 is to facilitate separation of the sheath 32 during retraction of the sheath after deploying the embolic protection device 24, or other medical device, within the body vessel 26. As such, the sheath is permitted to be peeled from the guide wire 30 as the sheath is retracted from the biological body and the guide wire and